## **PART B - ISSUE FEE TRANSMITTAL**

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MAILING INSTRUCTIONS: This form showld be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate RESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing. CORRESPONDENCE ADDRESS 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME **19**90 Street Address City, State and ZIP Code NETRE LUND HEUMAN, WILLIAMS, ANDERSON & OLSEN CO-INVENTOR'S NAME 77 WEST WASHINGTON STREET Street:Address CHICAGO, IL 60602 City, State and ZIP Code Check if additional changes are on reverse side SERIES CODE/SERIAL NO. FILING DATE **EXAMINER AND GROUP ART UNIT TOTAL CLAIMS** DATE MAILED 10/16/69 VOELTZ» E 212 09/01/99 07/422,226 024 First Named ApplicanKOENCK, STEVEN E. TITLE OF INVENTIONBATTERY CONDITIONING SYSTEM HAVING COMMUNICATION WITH BATTERY PARAMETER MEMORY MEANS IN CONJUNCTION WITH EATTERY CONDITIONING ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE **FEE DUE** SMALL ENTITY DATE DUE M() \$620.00 06/01/99 320-021.000 D38 UTILITY 35717A Further correspondence to be mailed to the following: 4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. <del>620.00 CK</del> 060 MC 06/13/90 07422226 DO'NOT USE THIS SPACE P 30443 06/18/90 07422226 14-0755 030 15.00CH 5: ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) 6a. The following fees are enclosed: (1) NAME OF ASSIGNEE X Issue Fee Advanced Order - # of Copies NORAND CORPORATION (Minimum of 10) 6b. The following fees should be charged to: (2) ADDRESS: (City & State or Country) DEPOSIT ACCOUNT NUMBER. CEDAR RAPIDS, IOWA (Enclose Part C) (3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION ☐ Issue Fee Advanced Order - # of Copies IOWA X Any Deficiencies in Enclosed Fees A. 
 ☐ This application is NOT assigned. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to Massignment previously submitted to the Patent and Trademark Office. apply the Issue Fee to the application identified above. ☐ Assignment is being submitted under separate cover. Assignments should be (Signature of party in interest of record) (Date) directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear

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previously submitted to the PTO or is being submitted under separate cover. Completion of

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